United States Bankruptcy Court District of Nevada

In re	KAREEN YEUNG LANDERVILLE		Case No.	24-11627- ABL	
		Debtor(s)	Chapter	7	

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith: SCHEDULE F / VERIFICATION OF MATRIX / MATRIX

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: May 16, 2024

/s/ David Mincin

David Mincin 5427 Attorney for Debtor(s) MINCIN LAW, PLLC

7465 W. Lake Mead Boulevard, #100

Las Vegas, NV 89128 702-852-1957 Fax:N/A dmincin@mincinlaw.com

Case 24-11627-abl Doc 15 Entered 05/17/24 11:38:40 Page 2 of 9

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the pay executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ABP Property (Official Form 198A) Schedule 0: Executory Contracts and Unexpired Leases (Official Form 196G). Do not include any creditors with partially secured claims that are listed schedule 0: Creditors Who Have Claims Secured Pyroperty. If more space is needed, copy the Part you need the entries in the box eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, with a part 1 claim and page to the page of the part 1 claim and page of the part 2 claims and page of the part 2 claims and page of the part 2 claims and page of the page of the part 2 claims and page of the page of the part 2 claims and page of the page of the part 2 claims and page of the page of the part 2 claims and page of the p		Ousc 24, 1102	L GDI DOC 13	Littered 03/11/24 11:00:40	r age 2 or s	•
Pitel Name Debtor 2 Spouse 8, filing) First Name Midde Name Last Name Last Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEVADA Case number 24-11627 The Case number 34-1164 The Case number And	Fill in this infor	mation to identify your ca	ise:	A Prophing of		
Per Name Middle Name Last Name Las	Debtor 1	KAREEN YEUNG L	ANDERVILLE			
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the second secon	⊔ Yes	6.	Other. Spe	cify BUSINESS DEBT		26

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Case 24-11627-abl Doc 15 Entered 05/17/24 11:38:40 Page 3 of 9

Debto	KAREEN YEUNG LANDERVILLE	N. N	Case number (if known)	24-11627	***************************************
	LABORATORY CORPORATION OF		ent the figure of the first		
4.2	AMERICA	Last 4 digits of account number	er 4314		\$1,636.65
	Nonpriority Creditor's Name P.O. BOX #2240	When was the debt incurred?		S R S R	
	Burlington, NC 27216-2240 Number Street City State Zip Code	As of the date you file, the clair	m is: Check all that apply	\$ * 18.	
	Who incurred the debt? Check one.	, , ,	iot onlook an triat appry	16	
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated	× '\		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	red claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a se	eparation agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	w g		
	■ No	☐ Debts to pension or profit-sha	ring plans, and other similar d	ebts	
	☐ Yes	Other. Specify MEDICAL	-		
	* { A >		11. W	2.	
	SELECT PHYSICAL THERAPY /				
4.3	DIGNITY HEALTH	Last 4 digits of account numbe	er 0786		\$1,278.00
	Nonpriority Creditor's Name			·	
	400 TECHNOLOGY DRIVE, #240 Canonsburg, PA 15317	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the clair	m is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	red claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a se	paration agreement or divorce	that you did not	
	- 2	report as priority claims			
	■ No	Debts to pension or profit-shar	ring plans, and other similar de	ebts	
	Yes	Other. Specify MEDICAL			
4.4	SPARKLETTS & SIERRA SPRINGS	Last 4 digits of account numbe	r 6508		\$3.99
	Nonpriority Creditor's Name 200 EAGLES LANDING	When was the debt incurred?			
	BOULEVARD	e e e e e e e e e e e e e e e e e e e		THE STREET STREET	
	Number Street City State Zip Code	As of the data you file the electron	m in Object all that	4	
	Who incurred the debt? Check one.	As of the date you file, the clain	n is: Check all that apply		
	■ Debtor 1 only	Полити			
	Debtor 2 only	☐ Contingent		*	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated			
	☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecur	red claim:		
	☐ Check if this claim is for a community	☐ Student loans	ca ciaiiii,		
	debt	☐ Obligations arising out of a sep	paration agreement or diverse	that you did+	
	Is the claim subject to offset?	report as priority claims	paration agreement or divorce	mat you did not	
	■ No	Debts to pension or profit-shar	ring plans, and other similar de	ebts	
	□Yes	Other Specify BUSINES			

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 24-11627-abl Doc 15 Entered 05/17/24 11:38:40 Page 4 of 9

Debtor 1 KAREEN YEUNG LANDERVILLE

Case number (if known)

24-11627

Name and Address DIGNITY HEALTH P.O. BOX #644717 Pittsburgh, PA 15264-4717 On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority-unsecured claims. Write that amount here. 6a. \$ 6b. \$ 7otal Claim 6c. \$ 7otal Claim 6d. \$ 6d. \$ 6d. \$ 7otal Claim 6d. \$					k se	Total Claim
otal laims from Part 1 6b. Taxes and certain other debts you owe the government 6b. \$ 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6e. \$ 6f. Student loans 6f. \$ Total Claim 6f. \$ otal laims on Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 6i. Other. Add all other nonpriority-unsecured claims. Write that amount 6i. 4,125	(*	6a.	Domestic support obligations	6a.	\$	0.00
6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6e. \$ 6f. Student loans 6f. \$ Total Claim 6f. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ 4,125			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			0.00
6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6e. \$ 6f. Student loans 6f. \$ Total Claim 5f. Student loans 6f. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. \$ 4,125	om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. Student loans 6f. \$ Total Claim 6f. \$ m Part 2 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ Other. Add all other nonpriority unsecured claims. Write that amount here. \$ 4,128		6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
Total Claim 6f. Student loans 6f. \$ Cotal laims 6f. \$ Compared to the separation agreement or divorce that you did not report as priority claims 6f. \$ Cotal Claim 6f. \$ Cotal Claim 6f. \$ Cotal Claim 6g. \$ 6g. \$ 6g. \$ 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. \$ Cother. Add all other nonpriority unsecured claims. Write that amount here. 6f. \$ Cotal Claim 6f. \$ Cotal Claim 6g. \$ Cotal Claim		6d.	Other. Add all other priority unsecured claims. Write that amount here	. 6d.	\$	0.00
otal laims of Part 2	4 1 2	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	3. 0.00
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		6j.		6j.	\$	4,129.54

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Fill in this information to identify your case:					
Debtor 1	KAREEN YEUNG LANDERVILLE				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	DISTRICT OF NEVADA			
70.000	4-11627				
(if known)					

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Di	old you pay or agree to pay someone who is NOT an attorney to he	lp you fill out bankruptcy forms?
4	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	nder penalty of perjury, I declare that I have read the summary and at they are true and correct.	schedules filed with this declaration and
Х	/s/ KAREEN YEUNG LANDERVILLE KAREEN YEUNG LANDERVILLE Signature of Debtor 1	Signature of Debtor 2
	Date May 16, 2024	Date

Official Form 106Dec

United States Bankruptcy Court District of Nevada

In re	KAREEN YEUNG LANDERVILLE		Case No.	24-11627
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the att	ached list of creditors is true and correct to the best of his/her knowledge.
Date: May 16, 2024	/s/ KAREEN YEUNG LANDERVILLE KAREEN YEUNG LANDERVILLE

Signature of Debtor

ANTHEM BLUE CROSS AND BLUE SHIELD P.O. BOX #6112 Indianapolis, IN 46206-6112

DIGNITY HEALTH
P.O. BOX #644717
Pittsburgh, PA 15264-4717

LABORATORY CORPORATION OF AMERICA P.O. BOX #2240 Burlington, NC 27216-2240

SELECT PHYSICAL THERAPY / DIGNITY HEALTH 400 TECHNOLOGY DRIVE, #240 Canonsburg, PA 15317

SPARKLETTS & SIERRA SPRINGS 200 EAGLES LANDING BOULEVARD Lakeland, FL 33810

CERTIFICATE OF SERVICE

Pursuant to Fed.R.Bank.P. 2002 and LR 2002, I certify that I am an employee of Mincin
Law, PLLC, and on the 17 day of May, 2024, service of a true and correct copy of the
AMENDMENT COVER SHEET; AMENDED SCHEDULE F; VERIFICATION OF MATRIX;
and MATRIX was made by:

MAIL SERVICE: By placing same to be depositing for mailing in the United States Mail in Las Vegas, Nevada, with which first class postage was fully prepaid and was addressed to the parties as listed.

Anthem Blue Cross And Blue Shield P.O. Box #6112 Indianapolis, IN 46206-6112

Laboratory Corporation Of America P.O. Box #2240 Burlington, NC 27216-2240

Sparletts & Sierra Springs 200 Eagles Landing Boulevard Lakeland, FL 33810 Dignity Health P.O. Box #644717 Pittsburgh, PA 15264-4717

Select Physical Therapy / Dignity Health 400 Technology Drive, #240 Canonsburg, PA 15317

I further certify that on the 17 day of May, 2024, service of a true and correct copy of the AMENDMENT COVER SHEET; AMENDED SCHEDULE F; VERIFICATION OF MATRIX; and MATRIX was made by:

<u>X</u> <u>ECF SERVICE:</u> That service was made by electronic transmission through the ECF filing system of the U.S. Bankruptcy Court, District of Nevada to the parties as listed below: and/or

BRIAN D. SHAPIRO brian@trusteeshapiro.com, nv22@ecfcbis.com; kristin@trusteeshapiro.com;carolyn@brianshapirolaw.com

U.S. TRUSTEE - LV - 7 USTPRegion17.LV.ECF@usdoj.gov

ANTHEM BLUE CROSS AND BLUE SHIELD P.O. BOX #6112 Indianapolis, IN 46206-6112

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SPARKLETTS & SIERRA SPRINGS 200 EAGLES LANDING BOULEVARD Lakeland, FL 33810

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13